

**Applicant Initiated Interview Request Form**Application No.: 09/872,372First Named Applicant: Mitchell T. BergExaminer: George C. NeurauterArt Unit: 2143Status of Application: Pending**Tentative Participants:**(1) Ellen Bierman(2) Timothy L. Boller(3) George C. Neurauter

(4) _____

Proposed Date of Interview: To be determinedProposed Time: a.m. applicant's time (AM/PM)**Type of Interview Requested:**(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated:

☐ YES☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rejection	1-7, 10-12, 16-22, 25- 27, and 31- 59		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached**Brief Description of Arguments to be Presented:**Rejection of Claims 1-7, 10-12, 16-22, 25-27, and 31-59 and applicant's arguments for allowance.

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

Timothy L. Boller

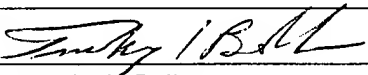
Typed/Printed Name of Applicant or Representative

47,435

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is a file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450..

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known			
<div style="position: relative; width: 100px; height: 100px; border: 1px solid black; border-radius: 50%; margin: 0 auto;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: radial-gradient(circle, transparent 1px, black 1px); background-size: 4px 4px;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 24px;">FEE</div> <div style="position: absolute; top: 10%; left: 10%; font-size: 10px;">OIP</div> <div style="position: absolute; top: 80%; left: 10%; font-size: 10px;">JAN 27 2006</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 24px;">TRANSMITTAL</div> <div style="position: absolute; top: 90%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 24px;">for FY 2005</div> </div>				Application Number		09/872,372	
				Filing Date		June 1, 2001	
				First Named Inventor		Mitchell T. Berg	
				Examiner Name		George C. Neurauter	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2143	
TOTAL AMOUNT OF PAYMENT				(\$)		1,810	
ATTORNEY DOCKET NO.				700135.433			
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>19-1090</u> Deposit Account Name: <u>Seed IP Law Group PLLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
<u>49</u>		<u>-20 or HP = 0</u> X		<u>0</u> =		<u>0</u>	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
<u>9</u>		<u>-3 or HP = 0</u> X		<u>0</u> =		<u>0</u>	
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
<u>-100 =</u>		<u>/50 =</u>		<u>_____</u> (round up to a whole number)		x	<u>_____</u>
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other (e.g., late filing surcharge): <u>Extension of Time (3 months)</u>						<u>1,020</u>	
<u>Request for Continued Examination</u>						<u>790</u>	
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)		47,435	Telephone 206-622-4900
Name (Print/Type)		<u>Timothy L. Boller</u>				Date	January 27, 2006